

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 5119X0674 FIILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3		2	1			
4		①	1			
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TOTAL IND.			1			
TOTAL DEP.			3			
TOTAL CLAIMS	1	3	4	1	1	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS	1	1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS